

substitute 01-R-1968

Entered - 10-01-01 - sb  
CL 01L0619 ALEXIS HOLMES

CLAIM OF: **MALCOLM MCBRIDE**  
3462 Calumet Road  
Decatur, Georgia 30034

For damages alleged to have been sustained as a result of driving over a collapsed sewer on August 21, 2001 at 1905 Piedmont Road.

BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE:

**BE IT RESOLVED** by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **MALCOLM MCBRIDE** the sum of **\$1,996.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of driving over a collapsed sewer on August 21, 2001 at 1905 Piedmont Road** as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY: Rosalind Rubens Newell  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

## FAVORABLE REPORT

PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE

DATE: \_\_\_\_\_  
BY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED

DEC 12 2001

WITHOUT SIGNATURE  
BY OPERATION OF LAW

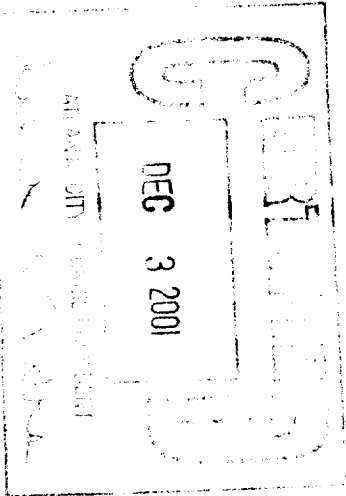
Standing committees

AGENDA

As Presented

ADOPTED BY  
DEC 03 2001

COUNCIL



CERTIFIED  
DEC 03 2001

DEPUTY MUNICIPAL CLERK

*[Signature]*



MUNICIPAL CLERK  
ATLANTA, GEORGIA

CORRECTED COPY

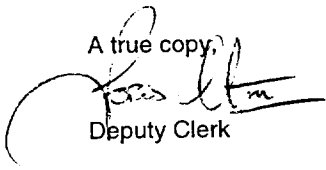
01-R-1968

**A RESOLUTION**

**BY PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE**

**BE IT RESOLVED BY** the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Malcolm McBride** in the sum of **\$1,996.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character, for damages alleged to have been sustained as a result of **driving over a collapsed sewer on August 21, 2001 at 1905 Piedmont Road** as is more particularly set forth in the within claim; said sum taken from and charged to Account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

A true copy,

  
Deputy Clerk

**ADOPTED by the Council  
RETURNED WITHOUT SIGNATURE OF THE MAYOR  
APPROVED as per City Charter Section 2-403**

DEC 03, 2001

DEC 12, 2001

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0619

Date: 11/15/01

Claimant /Victim MALCOLM MCBRIDE

(Atty) (Ins. Co.) \_\_\_\_\_

Address: 3462 Calumet Road, Decatur, Georgia 30034

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 1,996.00 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 9/11/01 Method: Written, Proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 8/21/01 Place: 1905 Piedmont Road

Department Public Works Division Sewer Operations

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

**NATURE OF CLAIM:** Claimant's vehicle sustained damages when he drove over an area in the road that had a collapsed sewer causing damages to his vehicle. The City had notice of a problem on the street prior to the incident involving the claimant.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant X Others \_\_\_\_\_ Written X Oral \_\_\_\_\_

Pictures X Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial X

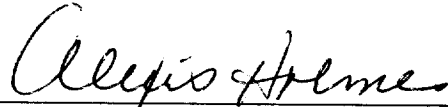
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable X

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

### RECOMMENDATION:

Pay \$1,996.00 Adverse \_\_\_\_\_ Account charged: 1A01 \_\_\_\_\_ 2J01 X 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 11-27-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_